Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	The Ivies
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	14 April 2026
Centre ID:	OSV-0007868
Fieldwork ID:	MON-0041721

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The Ivies is a designated centre operated by Nua Healthcare Services Limited. The centre provides a community residential service to a maximum of five adults with support needs including intellectual disability and acquired brain injury. The centre is located in on the outskirts of a rural town in Co. Waterford. The Ivies comprises of a two storey detached house and a cottage. The two storey house accommodates a total of four residents: two residents in the main house and two residents in individual apartments. The cottage accommodates one resident. The staff team consists of two team leader, social care workers, assistant support workers. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 14 April 2026	09:30hrs to 16:45hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

This was an announced inspection of the designated centre which related to a decision on renewal of the centre's registration. The designated centre was registered for five residents and it was at capacity on the day of the inspection. The residents all appeared to be and reported living a good life and the staff team in the centre were striving to ensure the quality of life for the residents was improved and continuously promoted.

Four of the residents met with the inspector during the inspection. Two of the residents were met at the kitchen table while having their breakfast. One resident spoke about their interests and that they liked to research topics such as wildlife and nature. Another resident spoke about their plans for the day which included to go out shopping. This resident showed the inspector their bedroom following breakfast and spoke about how they were buying more bed sheets that day, ones that they really liked having on their bed. This resident also spoke about being happy living out in the country and being able to look out at the nature surrounding them.

A further resident was met in their self-contained apartment. They were heading out for a walk with staff and spoke about enjoying walking into the local village to the shop. Another resident had been out all morning walking and briefly met the inspector before they went out again with their staff member. Staff members spoke about how active this resident was and how they like walking and hiking so they tried to facilitate this.

The residents' home was well decorated and maintained. Residents had adequate storage spaces for their personal items. Artwork completed by the residents was on display throughout the home. Residents had other personal pictures on display in their individual areas. There were adequate kitchen, laundry and toilet facilities for the residents. There was large outdoor areas available to the residents and one resident had an enclosed garden that they use. Doors to apartments had coded access but these door restrictions were being reduced so the residents could use the communal areas of the home also.

Staff were seen to interact with residents in a positive and respectful manner. Staff were able to speak about how they supported the residents and were familiar with the residents' needs and wishes and how they could support them in these areas. Residents were seen to lead their schedule of activities for the day and residents chose what they did.

As this was an announced inspection the residents were given the opportunity to complete surveys prior to the inspection and all five residents completed these with the assistance of the staff working with them. The residents' feedback was positive

about their home. The residents spoke about enjoying what was available to them in their home and the support they were receiving from staff.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The registered provider had in place an appropriate management structure in the designated centre. The registered provider and the person in charge were completing audits to ensure the quality and safety of the service being provided was monitored and reviewed. The staff team provided to the residents was consistent and it was evident they knew them well.

The staff team had received training to support them in their roles. Oversight of training was well managed and future training dates for staff were planned.

Documentation such as the the statement of purpose was also reviewed, it contained the information required by the regulation and was available to the residents in the designated centre.

Regulation 15: Staffing

The registered provider had ensured that there were adequate numbers of staff with the appropriate skill mix supporting the residents in the centre. The staffing levels matched what was outlined in the residents' assessment of need and in the statement of purpose and size and layout of the the designated centre.

From a review of the staff rota it was evident that the residents were receiving continuity of care and support from a consistent staff team. The person in charge had maintained both planned and actual rotas which showed the staff working in the centre each day and night.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training to support the residents in the designated centre such as fire safety, safeguarding and manual handling. Staff had completed refresher training in these areas when required. There was a training plan for training to be completed in 2026 available in the centre. Staff members had received training requirements as set out in the centre's statement of purpose such as six staff team members being trained in community first responder (CFR) and first aid response (FAR).

The person in charge had a adequate system for staff supervision. Supervision meetings were scheduled for the year and were being tracked to ensure they were completed in a timely manner.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a clearly defined management structure in the designated centre. There was sufficient resources in place on the day to support the residents. The staff team reported to a person in charge, who worked in a full time capacity in the centre.

The registered provider had undertaken an annual review of the quality and safety of care and support in the designated centre which was completed in October 2025. This review contained actions for improvement of the service and contained personalised information regarding the residents and what they had done during the year and also their objectives for the service for the following year.

The person in charge was facilitating staff team meetings on a monthly basis where items such as incidents, safeguarding and training were being discussed.

The registered provider had completed the unannounced visits to the designated centre on two occasions in the previous 12 months in April 2025 and October 2025. The reports, from these visits, were lengthy but the findings and actions, of these reports, did not appear centre specific and did not clearly identify the specific actions that needed to be undertaken following the visit.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose for the designated centre. The statement of purpose contained the information set out in

Schedule 1 of the regulations such as the facilities and services that are provided by the registered provider to meet the resident's care and support needs.

The registered provider had ensured that the statement of purpose had been reviewed in the last 12 months, with the last review being completed in April 2026. A copy of the statement was available to the residents and their representatives in the designated centre.

Judgment: Compliant

Quality and safety

The person in charge had ensured there were relevant assessments undertaken and personal plans in place for the residents. These assessments and plans were reviewed in a timely manner. These plans contained information on residents' needs in relation to health care and also on how they communicate and how they liked to be communicated with. Residents had goals for the year created and these goals were realistic and reviewed. The residents' personal plans also provided guidance on positive behaviour support for the residents.

Residents' finances and personal belongings were well managed and residents received appropriate supports in these areas.

The premises was well maintained and was providing residents with sufficient communal and private space. Outdoor areas for use were also provided to the residents.

Risk was well managed in the centre and measures were in place for safeguarding of residents. Risk management practices in the centre had been reviewed within the last 12 months.

Medicines used in the centre by the residents were managed in a safe manner with appropriate measures in place for ordering, storage and disposal of these medicines.

Regulation 10: Communication

The registered provider and the person in charge had ensured the communication needs of the residents were well met.

Residents' personal plans contained information on how the residents communicated. These plans also contained information on how residents liked to be communicated with.

There were various items in the centre such as schedule boards and calendars with easy-to-read items on display. They were used to assist various residents with their selection of activities and provided a reminder of their schedules of activities.

Residents had access to Internet and televisions in their home and personal spaces. Residents had access to electronic tablet devices and personal computers to aid their communication.

Judgment: Compliant

Regulation 12: Personal possessions

The registered provider had ensured that residents had accounts in financial institutions. Residents were supported to manage their own finances and were assisted with financial planning. One resident had support from their family to manage their financial account and this was managed in line with their wishes.

The person in charge had ensured the residents in the centre had control over their own personal items. Residents had bought their own items of furniture and personal items into their individual bedrooms. For example on the day of the inspection one of the residents informed the inspector that they were going to purchase bed clothes that they liked later in the day.

The residents had adequate space to store their personal items in their bedrooms and resident's had access to laundry facilities if they so wished.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises of the designated centre was laid out to meet the aims and needs of the residents. The premises was in good repair, was clean and suitably decorated.

The residents' bedrooms were well decorated and personalised with personal pictures and artwork on display. The residents personalised bedrooms included one which had high tech equipment which they used in line with their interests.

The premises met all the requirements of Schedule 6 of the regulations with adequate private and communal space, suitable storage and areas to undertake laundry being provided.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place which identified hazards and assessment of risk throughout the designated centre. Measures and actions were identified to control these risk assessments. The measures and actions were in place to control specified risks in the regulation such as the unexpected absence of a resident and self harm.

The registered provider had reviewed the individuals and designated centre's risk assessment in the previous 12 months. There were systems in place for responding to emergencies in the designated centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had ensured that the residents had access to a pharmacist. There were systems in place for receiving, storing and returning medications that were received from the pharmacy. Documentation was used by staff to safely administer medication and this had been reviewed by a general practitioner.

The person in charge had ensured that medication in the designated centre was stored securely including controlled medication which had extra precautions in line with best practice guidance. Medication was stored and labelled individually to ensure that medications were given to the correct person. Medications such as creams had the date of opening recorded on them. Medication was checked by the inspector in the medication press on the day of inspection and it was all found to be in date.

There were systems in place to manage medications and controlled drugs in how they would be returned to the pharmacy if they had passed the expiry date.

Residents had assessments completed to identify the support they require in relation to their medication management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider and the person in charge had in place a comprehensive assessment of need completed which identified the health, personal and social care needs of the residents.

The person in charge had reviewed the individual assessments and personal plans for all within the last 12 months and had ensured that residents' needs were reflected in these personal plans. For example, resident needs around medication management and money management were assessed and supports and guidance provided by staff in these areas. This ensured that residents maintained as much independence as possible with these matters.

The residents were planning activities such as going on holidays and were involved in the planning for these holidays and how to budget for them. Residents' weekly activities were planned around their interests such as gardening and arts and crafts.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider had ensured that the restrictive practices used in the centre were evidence based and were used for the least time possible. These restrictions were reviewed and had been removed if deemed suitable.

The person in charge had ensured that all staff team members had received training in managing behaviour that is challenging which included de-escalation and intervention techniques. The staff team were provided with behaviour support plans which gave them up-to-date knowledge on how to respond to the residents in this area. These plans included such information on where and how this behaviour may occur. These behaviour plans had been reviewed in the last 12 months.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider enabled the residents to have their say on how the centre was run. A weekly residents' forum took place where residents were able to discuss such topics as social events, planning their weekly menu and were given information in areas such as safeguarding, advocacy and complaints.

The residents had access to private areas in the centre if they wished to undertake activities privately. Residents' information was kept in a secure manner within the centre. Residents had information on the advocacy services that were available to them.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Ivies OSV-0007868

Inspection ID: MON-0041721

Date of inspection: 14/04/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The Quality Assurance Department will implement a revised Regulation 23 reporting process with a HIQA DCD1-aligned template, supported by training, to ensure reports are Centre-specific, evidence-based, and include stakeholder feedback. 2. The Person in Charge, in conjunction with the Quality Assurance Department, shall review the identified improvements within the updated 6-monthly audit report and ensure all corrective actions are implemented and closed. Due Date: 30 June 2026	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/06/2026